

FULTON TEACHERS' CREDIT UNION

SOUTH OFFICE
 3604 ATLANTA AVE.
 HAPEVILLE, GA. 30354
 PHONE (404)768-4980
 FAX (404)768-5496

NORTH OFFICE
 1560 HOLCOMB BRIDGE RD.
 ROSWELL, GA. 30076
 PHONE (770)667-8114
 FAX (770)667-8329

AUTHORIZATION FOR PAYROLL DEDUCTION (TO BE SUBMITTED TO FULTON TEACHERS' CREDIT UNION FOR APPROVAL)

ACCOUNT # _____ SS# _____

PLEASE
 PRINT

_____ (Employee's Name) (School or Dept.) (Position)

I hereby authorize Fulton County Board of Education to deduct the sum of \$ _____ from my salary each month to be paid to the Fulton Teachers' Credit Union for deposit into my account as specified below. This authorization is subject to the conditions printed below.

Account	ID#	Amount	Account	ID#	Amount
Loan			Share		
Loan			Share		
Loan			Christmas Club		
Draft			Vacation Club		
Other			10 Month Club		

Signature: _____ Date: _____

Deductions will be available for withdrawal or overdraft protection no later than the 11th of the following month.

CONDITIONS

1. This authorization cannot become effective until approved in writing by the Treasurer of the Fulton Teachers' Credit Union.
2. The Fulton County Board of Education assumes no other responsibility in this connection than to make approved deductions, pay them to the Fulton Teachers' Credit Union, and to cease making such deductions upon the written request of the employee. Request must be submitted to Fulton Teachers' Credit Union on this form before the first day of the calendar month in which such termination is to become effective. The Fulton County Board of Education reserves the right to discontinue participation in this program after giving 90 days notice to the Credit Union.